

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 11 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05122008 Chg-P CR2E034 (12/06)

DOCUMENT # P06000144591

1. Entity Name
1ST CHOICE INVESTIGATIONS, INC.



Principal Place of Business
5032 LANTANA RD
#2103
LAKE WORTH, FL 33463 US

Mailing Address
P.O. BOX 540671
GREENACRES, FL 33454 US

2. Principal Place of Business - No P.O. Box #
904 Cancun Ct.

3. Mailing Address
PO Box 895328

Suite, Apt. #, etc.

City & State
Lady Lake, FL

City & State
Leesburg FL

Zip
32159

Country
USA

Zip
34789

Country
USA

4. FEI Number
20-5900649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GREENWOOD, RICHARD
5032 LANTANA RD
#2103
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent
Name
Richard Greenwood
Street Address (P.O. Box Number is Not Acceptable)
904 Cancun Ct.
City
Lady Lake FL Zip Code
32159

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 9/7/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	GREENWOOD, RICHARD <input type="checkbox"/> Delete	TITLE P	Greenwood, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5032 LANTANA RD #2103		STREET ADDRESS 904 Cancun Ct.	
CITY-ST-ZIP LAKE WORTH, FL 33463		CITY-ST-ZIP Lady Lake, FL 32159	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	900135963009
CITY-ST-ZIP		CITY-ST-ZIP	09/16/08--01019--003 **150.00
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 9/7/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS